Please type a plus sign (+) inside this box -PTO/SB/123 (10-00) Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **CHANGE OF** Patent Number CORRESPONDENCE ADDRESS **Issue Date** Patent **Application Number** Address to: Assistant Commissioner for Patents **Filing Date** Washington, D.C. 20231 PHILIP CAVANAUGH First Named Inventor Please change the Correspondence Address for the above-identified patent to: Place Customer **Customer Number** Number Bar Code Type Customer Number here Label here Firm or **Individual Name Address Address** City State Country Telephone This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). Ige a "fee PECEIVED

TECH CENTER 1600/2900 This form will not affect any "fee address" provided for the above-identified patent. To change a "fee address" use the "Fee Address Indication Form" (PTO/SB/47). I am the: Patentee. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or agent of record. Typed or Printed Name

2003

Signature

Date